

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)

SERIAL NO.  
10/257444  
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL	NO.		4			
TOTAL	OFF.		25			
TOTAL	PRIME		25			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL	NO.					
TOTAL	OFF.					
TOTAL	PRIME					